

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
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Meeting Name: IPRS Core Team Meeting
Facilitator: Eric Johnson, DMH
Scribe: Carlisa Stallings
Date: 03/14/2007
Time: 10:30 – 11:30 a.m.
Location: Hargrove, Conference Room D

IPRS Core Team Attendees:

x Rick Kretschmer	Others:
Sarah Harris	x Tim Sullivan
x Cheryl McQueen	x Jamie Herubin
Sara Parks	x Sandy Flores
Gary Imes	x Mike Frost
x Joyce Sims	X Myran Harris
x Rick Debell	Chris Ferell
x Carlisa Stallings	x Deborah LeBlanc
x Thelma Hayter	Debra Haraway
x Eric Johnson	Cathy Bennett

Attendees:

x Alamance-Caswell	x Onslow-Carteret
x Albemarle	x OPC
x Catawba	x Pathways
x Centerpoint	Pitt
x Crossroads	x Roanoke-Chowan
x Cumberland	Rockingham
x Durham	x Sand hills Center
x Eastpointe	x SE Center
x Edgecombe-Nash	x SE Regional
x Five – County MHA	X Smoky Mountain
x Foothills	x Tideland
Guilford	X Wake
x Johnston	x Western Highlands
x Mecklenburg	X Wilson-Greene
x Neuse	
x New River	

Attendees:

Item No. Topics

1. Roll call
2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which “area program” you are from when you speak. **Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
3. Upcoming Check-writes (cut-off dates) – March 15, 22 April 5, 12, 19
4. Agenda items
 - 834 Beta Test Deadline (April 27)
 - Beta Test (NPI) Requirements Review
 - 100 records/LME/submission; Format test; full cycle run, 835
 - Testing to commence March (BOM)
 - Beta Test (834) Requirements Review
 - 20 records/LME/submission
 - Testing to commence April (BOM)
 - Reminder...Send in NPI data
 - IPRS Questions or Concerns
 - MMIS Updates – Tim Sullivan & Chris Ferrell
 - NPI Questions/Concerns
5. DMH and/or EDS concluding remarks
 - a. For **North Carolina Medicaid** claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.
 - i. Physician phone analyst (i.e. Independent Mental Health Providers)-4706
 - ii. Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707
6. Roll Call Updates

Next Meeting: March 21, 2007

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.
 Call the IPRS Help Desk – 1-800-688-6696, ext 53355 or 919-816-4355
 , M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.ganda@ncmail.net

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	Roll Call
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which “area program” you are from when you speak. Also, please do not place IPRS Core Team call on hold because of potential distraction to call discussion.
3.	Upcoming Check-writes (cut-off dates) March 15, 22 April 5, 12, 19
4.	<p>Agenda items</p> <ul style="list-style-type: none"> <p>834 Beta Test Deadline (April 27) Content testing has not started; however, can send in format test to ensure 834 is in the correct format; will let you know when the first beta test will take place; hope to have the 834 completely beta tested and implemented by the end of April.</p> <p>Beta Test (NPI) Have run 1 beta test cycle; another one is currently running. The first testing cycle uncovered an oversight in the solution. Just a reminder that the beta testing is still open; need to have each weekly test file in by COB on Monday; Full test cycle will include an 835;</p> <p>Q: Terri (Cumberland)) – will the beta test run through April A: Right now only through the end of March; also have end to end testing and user testing; will consider additional testing and available resources.</p> <p>See e-mail from Judy Perry (ECS Department) regarding NPI Beta testing for more information. Continue to send in NPI data.</p> <p>IPRS Questions or Concerns <p>Q: Jeanna (Catawba) – What is the status on the memo regarding changes for Developmental Therapy. A: Thelma (DMH) – memo has not yet been posted; should have been sent to Area Directors; will follow up.</p> <p>Q: Tina (Sandhills) – what was decided about Crisis Services and March 15 date; is that for services before or after March 15? A: Cheryl (DMH) Will be implemented on March 15 and will be valid for any date of service.</p> <p>Q: Wendy (OPC) – YP835 (Substance Abuse Counseling) – who can bill for that service? A: Cheryl/Thelma (DMH) – that’s the non-licensed; code was created when Enhanced Services was implemented; Medicaid would continue to pay for non-licensed providers for H0001, H0004, H0005, H0035 until September 20; then the Division (DMH) decided to allow non-licensed providers to bill the Y-codes for any Medicaid or IPRS client if they fit within the SA pop groups; need to look at array of services; At this point, there is no end-date; Medicaid is continuing to allow LME’s to bill for provisionally licensed providers until 6/30/07. At that point, don’t know if the division will create additional Y-codes.</p> <p>Q: Terri (Eastpointe) – sent in Public Psychiatry on 2 different attending provider #'s;</p> </p>

	<p>but, when it came back it rolled it up and paid a lump sum instead of paying for 2 individual providers. Was there going to be follow-up on this item?</p> <p>A: Cheryl (DMH) – What we talked about was that if in your local system, you had a provider who did that service 2 different times during the day, you would have to roll that up and submit it as one claim for the total number of units; it should not be rolling up for 2 different providers in the system; send example to IPRS Q&A.</p> <p>A: Thelma (DMH) Make sure Rick DeBell has rate set up for each provider.</p> <p>Q: Jeanna (Catawba) - SA Counseling for non-licensed – is the plan for these services to continue to be applicable July 1 and forward?</p> <p>A: Thelma (DMH) - Haven't heard for sure; we will ask Spencer if they will continue; Currently there is no end-date on those codes yet; was set up because providers were having trouble getting their employees licensed for certain SA services in certain counties; send any reoccurring issues to IPRS Q&A; currently there is no plan to end-date those codes.</p> <p>Q: Bonnie (Wake) – Any change for rules for earning Crisis funds so that YP485 will pay from Crisis budget, even though it doesn't have a Crisis target pot?</p> <p>A: Cheryl (DMH) – change will be put in place so that if YP485 and six (6) other services; if the client is not enrolled in a Crisis target pop, but enrolled in a "regular" IPRS target pop, but gets one of the Crisis services, it will pay out of the Crisis fund account if there is money available; if money is not available, it will pay out of a regular account (non-crisis) associated with that target pop</p> <p>Q: Janet (Johnston) – How does it know which fund to pay out of?</p> <p>A: Cheryl (DMH) – It will be based on age/disability; so if client is enrolled in AMSMI, it will pay out of AMCS fund first.</p> <p>Q: Janet (Johnston) – So, we no longer have to send up eligibility for these procedure codes?</p> <p>A: Cheryl (DMH) - No, I didn't say that. If the person is in a target pop and they get one of these seven (7) crisis services, it will pay out of a crisis fund. If they are <u>not</u> enrolled in an IPRS target pop and they are having a crisis, you will still need to enroll them in a Crisis target pop. But, if they are already an IPRS client, then you are correct in stating that they don't have to be enrolled in a Crisis target pop.</p> <p>Q: Why is this change being considered?</p> <p>A: Thelma (DMH) - This has come about so that crisis funds are more readily accessible to you.</p> <p>Q: Bonnie – when will the change be put in place?</p> <p>A: Thelma (DMH) – working to get this put in place by Friday; not sure if adjustments will be done or not; will try to update you next week.</p> <p>Q: Jeanna (Catawba) – if client is in ADMRI target pop already and they use one of those 6 codes, I do not have to submit a crisis target pop in order for it to pay out of those funds. But, if I had a consumer who was not registered and they use one of those codes, I would have to enroll them in a Crisis target pop. Did I understand that correctly?</p> <p>A: Cheryl (DMH) – Yes, but there are a total of 7 services.</p> <p>Q: But if outside of those services, my ADMRI would have to be in a Crisis target pop to hit the funds under those other codes.</p> <p>A: Thelma (DMH) - That is assuming that the new person that comes into the system is in crisis and does not fit into another target pop. For example, if "Thelma" walks in</p>
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	<p>off the street and I'm having H2011 and I'm not eligible for any other regular target pops, I could go into a crisis target pop. However, if you know I am eligible for AMSPM, you can put me in that group. It will pay out of the crisis funds.</p> <p>A: Cheryl (DMH) - ADMRI person goes into crisis and you want to do a 99244 (Office Consultation – 60 minutes) and you want that to come out of the Crisis funds, you would have to enroll your ADMRI person in a Crisis pop group to get that procedure code to pay out of the crisis funds. Otherwise, it will pay out of the ADMRI money. You do not have to take them out of ADMRI.</p> <p>Q: Kelly (Durham) – if we proceed along the route to allow Budget Office to move money, what will the restrictions be?</p> <p>A: Cheryl (DMH) – We don't know yet.</p> <p>Q: Tom (Western Highlands) – any progress on tele-psychiatry billing for IPRS funds? Last update, Division was working on a joint directive on how to bill and seek reimbursement for tele-psychiatry services.</p> <p>A: Thelma (DMH) - Somewhere on the DMA Website under publications, you can see area for public comment on tele-medicine and tele-psychiatry through 3/15/07. We understand that there may be a second comment period. Once the comment period is closed, there will be further discussion and then implementation will take place; not sure when implementation will take place. Division is working with some of the LME's regarding equipment, etc; cannot yet bill for these services; there will be a "GT" modifier that will be put on codes you will submit in the future; see DMA website for specifics; document is in "draft" form.</p> <p>Q: Jeanna (Catawba) – if approved, state funds will follow suit in reimbursing for that as well?</p> <p>A: Yes, same rules for both sides.</p> <p>Q: Tom (Western Highlands) – Will Medicaid pay for telepsychiatry at this time?</p> <p>A: Thelma (DMH)/Tim (EDS) - No. Medicaid status is the same as what Thelma communicated.</p> <ul style="list-style-type: none"> • Medicaid Questions: <p>Q: Terri (Eastpointe) – What is the status on CDSA Referral?</p> <p>A: Tim (EDS) - Change has been made and tested so that starting with the first day of the first month after the 3rd birthday, you will not need the referral in block 19; need to get DMA final approval to implement; plan to implement on Friday; DMA is aware there are time limit override concerns.</p> <p>Q: Tom (Western Highlands) - Has the Division decided to re-bill those denials or do you expect the LME's to re-bill?</p> <p>A: Tim (EDS) – expectation is that the LME's will re-bill; notification will be sent.</p> <p>Q: Tom (Western Highlands) What's the appropriate segment on the 837 to submit the CDSA Referral number.</p> <p>A: Tim (EDS) - Not sure, will find out.</p> <p>Q: Donna (Onslow) – If a provider refuses to apply for Medicare provider ID, can they still apply for a Medicaid provider ID?</p> <p>A: send to IPRS Q&A and we will forward to DMA.</p> <p>Q: Jeanna (Catawba) - Did we get anything official about timely deadlines on residential endorsements?</p> <p>Q: Thelma (DMH) – No. Dick Oliver has been contacted; will get status of when memo</p>
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	<p>will go out</p> <p>DMH and/or EDS Concluding Remarks:</p> <p>For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.</p> <ul style="list-style-type: none">○ Physician phone analyst (i.e. Independent Mental Health Providers)-4706○ Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 4707 <p>Roll Call Updates</p>
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